CHI PPĚWA MANÔR NURSI NG HOME

222 CHAPMAN ROAD

CHI PPEWA FALLS 54729 Ownershi p: Corporati on Phone: (715) 723-4437 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 90 Yes Total Licensed Bed Capacity (12/31/01): 90 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 89 Average Daily Census: 88

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	30. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	47. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	4. 5	More Than 4 Years	22. 5
Day Services	No	Mental Illness (Org./Psy)	44. 9	65 - 74	3. 4		
Respite Care	No	Mental Illness (Other)	6. 7	75 - 84	24. 7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	51.7	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	15. 7	Full-Time Equivalent	
Congregate Meals	No	Cancer	1. 1	İ	ĺ	Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	4. 5		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	9. 0	65 & 0ver	95. 5		
Transportati on	No	Cerebrovascul ar	13. 5	[`]		RNs	15. 3
Referral Service	No	Di abetes	3. 4	Sex	%	LPNs	3. 2
Other Services	No	Respi ratory	3. 4		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	13. 5	Male	23.6	Ai des, & Orderlies	36. 6
Mentally Ill	No			Femal e	76. 4		
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	5	9. 3	113	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	5	5. 6
Skilled Care	8	100.0	445	34	63.0	95	0	0.0	0	17	63. 0	118	0	0.0	0	0	0.0	0	59	66. 3
Intermediate				15	27.8	78	0	0.0	0	10	37. 0	118	0	0.0	0	0	0.0	0	25	28. 1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		54	100.0		0	0.0		27	100.0		0	0.0		0	0.0		89	100. 0

CHI PPEWA MANOR NURSI NG HOME

Admissions, Discharges, and		Percent Distribution	of Residents'	Conditi	ons, Services,	and Activities as of 12.	/31/01
Deaths During Reporting Period				0/	6 Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	14. 1	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	11. 2	Offic	62. 9	25. 8	89
Other Nursing Homes	9. 4	Dressi ng	13. 5		65. 2	21. 3	89
Acute Care Hospitals	75. 3	Dressing Transferring	28. 1		55. 1	16. 9	89 89
	0.0	Transferring Toilet Use	21. 3		61. 8	16. 9 16. 9	89 89
Psych. Hosp MR/DD Facilities					12. 4		89 89
Rehabilitation Hospitals	0.0	Eating	73. 0		12.4	14.6	89
Other Locations	1. 2		****	0/			**************************************
Total Number of Admissions	85	Continence	1 0 .1 .	<u>%</u>	Special Treat		%
Percent Discharges To:		Indwelling Or Extern		4. 5		espiratory Care	7. 9
Private Home/No Home Health	14. 1	0cc/Freq. Incontinen		49. 4		racheostomy Care	0. 0
Private Home/With Home Health	36. 5	0cc/Freq. Incontinen	t of Bowel	29. 2	Recei vi ng Si		0. 0
Other Nursing Homes	12. 9				Receiving 0:	stomy Care	0. 0
Acute Care Hospitals	10.6	Mobility			Receiving To	ube Feedi ng	1. 1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	3. 4	Receiving M	echanically Altered Diets	s 5.6
Rehabilitation Hospitals	0.0	i i			o o	· ·	
Other Locations	1. 2	Skin Care			Other Residen	t Characteristics	
Deaths	24. 7	With Pressure Sores		0. 0	Have Advance	e Directives	95. 5
Total Number of Discharges		With Rashes		4. 5	Medi cati ons		
(Including Deaths)	85			0		sychoactive Drugs	51. 7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 97.8 82.7 1. 18 85. 1 1. 15 84.3 1. 16 84.6 1.16 Current Residents from In-County 89.9 82. 1 1.09 80. 0 1. 12 82. 7 1.09 77. 0 1. 17 Admissions from In-County, Still Residing 31.8 18.6 1.71 20.9 1. 52 21.6 1.47 20.8 1.53 Admissions/Average Daily Census 96.6 178.7 0.54 144. 6 0.67 137. 9 0.70 128. 9 0.75 Discharges/Average Daily Census 96.6 179.9 0.54 144. 8 0.67 139. 0 0.70 130.0 0.74 Discharges To Private Residence/Average Daily Census 48.9 76. 7 0.64 60. 4 0.81 55. 2 0.89 52.8 0.93 Residents Receiving Skilled Care 71.9 93.6 0.77 90. 5 0.79 91.8 0.78 85.3 0.84 Residents Aged 65 and Older 95. 5 93.4 1.02 94. 7 1.01 92. 5 87. 5 1.03 1.09 Title 19 (Medicaid) Funded Residents 60.7 63.4 0.96 **58.** 0 1.05 64.3 0.94 68. 7 0.88 Private Pay Funded Residents 30.3 23.0 32.0 0.95 25.6 22. 0 1. 32 1. 19 1. 38 Developmentally Disabled Residents 0.0 0. 7 0.00 0.9 0.00 1. 2 7. 6 0.00 0.00 Mentally Ill Residents 51.7 30. 1 1.72 33. 8 1. 53 37. 4 1.38 33.8 1.53 General Medical Service Residents 13. 5 23.3 0.58 18. 3 0.74 21. 2 0.64 19. 4 0.69 49.3 Impaired ADL (Mean) 45. 2 48.6 0.93 0.94 49.6 0.91 0.92 48. 1 Psychological Problems 51.7 50.3 1.03 51.0 1.01 54. 1 0.96 51. 9 1. 00 Nursing Care Required (Mean) 2.4 6. 2 0.38 6. 0 0. 40 6. 5 0.37 7. 3 0.33